



AHCCCS Fee-For-Service Program Drug List (ADL) INTRODUCTION

AHCCCS is pleased to provide the AHCCCS FFS Program Drug List (ADL) to be used when prescribing medications for AHCCCS FFS members. For clarification, this ADL is only for the AHCCCS FFS members. This ADL does not apply to AHCCCS members enrolled in any of the AHCCCS Managed Care Contractors' Health Plans. This document provides general information regarding the AHCCCS pharmacy benefit for FFS members. The drugs listed in the ADL are intended to provide clinically appropriate, cost-effective options for AHCCCS FFS members who require medically necessary treatment. The drugs listed on the ADL have been reviewed and approved by the Pharmacy and Therapeutics (P&T) Committee. However, the ADL is not intended as a comprehensive listing of all drugs that may be reimbursed by AHCCCS. If a drug is not listed on the ADL and is determined to be medically necessary, it may be requested through the prior authorization process.

MedImpact is the Pharmacy Benefit Manager (PBM) for the AHCCCS FFS Program.

MedImpact will facilitate the administration of the pharmacy benefit for the following populations:

- Acute FFS – Title XIX
- Long Term Care FFS – Title XIX
- KidsCare FFS – Title XXI
- AHCCCS FFS Members who are enrolled in a TRBHA (Tribal/Regional Behavioral Health Authority)
- Members who are Dual Eligibles (AHCCCS FFS members who are also eligible for Medicare)
- Federal Emergency Services (FES) Members whose coverage is limited to emergency dialysis service

Members may obtain additional pharmacy information on the MedImpact website at www.medimpact.com/members

Members and prescribing clinicians may also contact the MedImpact Customer Service Center at 1 (800) 788-2949, 24 hours per day, 365 days per year.

For Prior Authorization Requests and Information:

- **Prescribing Clinicians may fax the completed prior authorization form to the MedImpact Prior Authorization Unit at 1 (858) 790-7100.**
- **For telephonic requests for information, prescribing clinicians may call 1 (800) 788-2949 for assistance.**
- **Prescribers preferring to send a written request via the US Mail, may send the request to the following address:**

**MedImpact Healthcare Systems, Inc.
Scripps Corporate Plaza (TRE)
Attn: Prior Authorization Unit
10680 Trenea Street, Stop 5
San Diego, CA 92131**

With regard to federal legend drugs, medically necessary federally reimbursable outpatient prescription drugs are covered for eligible AHCCCS FFS members when prescribed by an AHCCCS registered clinician who is licensed to prescribe federal legend drugs in the State of Arizona. Some medications may require prior authorization approval prior to dispensing the medication to the member.

Pharmacy and Therapeutics (P&T) Committee

The P&T Committee, comprised of s physicians and pharmacists, meets quarterly to discuss a variety of clinical issues, which pertain to drug selections, including formulary additions, deletions and changes as well as pharmacy program management.

The P&T Committee evaluates clinical information for newly marketed drugs within 180 days of market launch and current medications on an annual basis. The evaluation may include, but is not limited to the following review categories:

- Safety
- Efficacy
- Comparative data and studies
- FDA approved indications
- Treatment and consensus guidelines
- Adverse events
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Dosage frequency and formulations
- Patient administration/compliance considerations
- Medical outcome and pharmacoeconomic studies

When a new drug is considered for inclusion on the ADL, it will be reviewed relative to similar drugs currently included on the ADL. The review process of a therapeutic class continually promotes the most clinically appropriate, useful, and cost-effective agents. All of the information in the ADL is provided as a reference for drug therapy selection. Specific drug selection for an individual member rests solely with the prescribing clinician.

Generic Drugs

Generic substitution is a pharmacy action whereby a generic equivalent of a drug is dispensed rather than the brand name drug product. The AHCCCS pharmacy benefit requires mandatory generic substitution. This means that if a generic drug is equivalent to the brand reference drug and is available, the generic drug will be required for the filling and dispensing of the prescription for payment through the point-of-sale claims adjudication system. Generically available drugs are indicated on the ADL and are printed in lower case, for example, amoxicillin.

The ADL is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. Products are listed with the generic name and the brand name is included as a reference to assist the prescribing clinicians in product recognition. Generics drugs are to be considered as the first line of prescribing. AHCCCS and its Contractors are required to use the most cost effective (least costly) clinically appropriate pharmaceutical treatment. The ADL also covers selected over-the-counter (OTC) products. Prescribing clinicians are encouraged to prescribe OTC medications when clinically appropriate

Prior Authorization Procedures For Drugs Not Listed On The ADL

The drugs on the ADL have been selected to provide the most clinically appropriate and cost-effective medications for AHCCCS FFS members. When a drug not listed on the ADL is determined to be medically necessary for the appropriate medical management of a specific member, the prescriber must submit a prior authorization request specifying the reasons supporting the medical necessity of the particular drug for the AHCCCS member. Requests for these exceptions must be submitted in writing by the prescribing clinician on the MedImpact-AHCCCS Prior Authorization Form and faxed to:

MedImpact - Prior Authorization Department

Fax Number: 1 (858) 790-7100

Telephone Number: 1 (800) 788-2949

The MedImpact-AHCCCS Prior Authorization Request Form is available on the AHCCCS website at www.azahcccs.gov under the Pharmacy Information section on the right side of the website. Appropriate clinical documentation must be provided to support the medical necessity for the drug being requested. Responses to requests will be provided within 2 business days of receipt unless the request is identified as urgent. If a request is identified as urgent, a response will be provided within 1 business day.

Prescribing clinicians are requested to adhere to the ADL when prescribing for AHCCCS FFS members. If a pharmacist receives a prescription for a drug not listed on the ADL, the pharmacist is expected to contact the prescribing clinician and request that the prescription be changed to a medication included on the ADL. If a medication on the ADL is not appropriate, the prescribing clinician is to be instructed to submit a prior authorization request form to MedImpact. Please contact the MedImpact Prior Authorization Department at 1 (800) 788-2949 with questions concerning the prior authorization process.

Dose Optimization Program – Quantity Limits (QL)

The ADL utilizes Quantity Limits for several drugs listed on the ADL. The intent of the quantity limits is to promote dose optimization and efficient medication dosing. Prescriptions for monthly quantities greater than the indicated limit require a prior authorization approval. For quantities greater than those listed on the ADL, the prescribing clinician must submit a prior authorization request with supporting documentation for the increased quantity of medication. The Dose Optimization Program is designed to consolidate medication dosage to the most efficient daily quantity to increase member adherence to therapy and also promote the efficient use of health care dollars. The limits for the program are established based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules daily.

Quantity limits are loaded in the prescription claims processing system to promote minimized dosing. The pharmacy claims processing system will prompt the pharmacist to request a new prescription order from the prescribing clinician for more efficient dosing.

Additions to the Dose Optimization Program are made from time to time and providers notified accordingly. As always, we recognize that a number of member-specific variables must be taken into consideration when drug therapy is prescribed and therefore overrides will be available through the prior authorization process. For any questions, please contact the MedImpact Customer Service Center at 1 (800) 788-2949.

Prescription Utilization Parameters

AHCCCS members may reorder or refill a non-narcotic prescription when seventy-five percent (75%) of the medication has been used. Members may reorder or refill a narcotic prescription when eighty-five percent (85%) of the medication has been used.

If a point-of-sale claim is submitted before 75% of the non-narcotic medication has been used, based on the original days supply submitted on the claim, the claim will reject with a "refill too soon" message. The same will happen with for narcotic prescription refills not meeting the 85% utilization. Please call the MedImpact Customer Service Department at 1 (800) 788-2949 with questions or for help with dosage change authorization override.

Drug Efficacy Study Implementation (DESI) Drugs

Drugs that were initially marketed between the years of 1938 and 1962 were approved as safe but were not required to provide the effectiveness for FDA approval. Beginning in 1962 legislation required all new drugs to be both safe and effective before they could be approved to be available and marketed. This requirement also applied retroactively to all drugs approved as safe from the years 1938-1962. As a result, the FDA established the DESI program to review the labeled indications and the effectiveness of the pre-1962 drugs and to provide a determination of effectiveness. The “fully effective” determination was given for most of these products and they remain in the marketplace today. A few DESI products remain classified as “less than fully effective” and are awaiting final administrative disposition from the FDA. In addition, if a drug is classified as DESI, there are many products listed as identical, similar, or related to actual DESI products. The AHCCCS FFS ADL does not pay for claims for DESI drugs that are considered “less than fully effective” drug products.

AHCCCS FFS Plan Exclusions

The following drug categories are excluded from coverage under the outpatient pharmacy benefit and are not part of the ADL:

- DESI Drugs that are determined to be “less than fully effective”
- Anti obesity agents
- Experimental / research drugs
- Cosmetic drugs
- Cosmetic drugs for hair growth
- Immunizations
- Nutritional / diet supplements
- Blood and blood plasma products
- Products to promote fertility
- Erectile dysfunction drugs
- Drugs from manufacturers that do not participate in the FFS Medicaid Drug Rebate Program
- Diagnostic products
- Medical supplies except:
 - Syringes
 - Needles
 - Lancets
 - Alcohol Swabs
 - Spacers
 - Blood glucose meters and test strips
- Intrauterine Devices

Notice

AHCCCS and MedImpact provide the information contained in the ADL, solely for the convenience of prescribing clinicians. AHCCCS does not warrant or assure accuracy of such information nor is the ADL intended to be an all inclusive medication list. This ADL is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs.

AHCCCS assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider must consult the drug manufacturer’s product literature or standard references for more detailed information.

AHCCCS Fee-For-Service TRBHA Members

Behavioral Health Drug List

Table of Contents

ADHD - NON-STIMULANTS	6
ADHD - STIMULANTS	6
ADHD-STIMULANTS	6
ANTI-ANXIETY - NON-BENZODIAZEPINE	6
ANTI-ANXIETY-BENZODIAZEPINES	6
ANTICONVULSANTS	6
ANTIDEPRESSANTS - MAO INHIBITORS	6
ANTIDEPRESSANTS - MISCELLANEOUS	6
ANTIDEPRESSANTS - NDRIs	6
ANTIDEPRESSANTS - SARIs	6
ANTIDEPRESSANTS - SNRIs	7
ANTIDEPRESSANTS - SSRIs	7
ANTIDEPRESSANTS - TRYCYCLICS	7
ANTIHISTAMINES - 1ST GENERATION	7
ANTIPARKINSON AGENTS	7
ANTIPSYCHOTICS - 1st GENERATION - TYPICALS	7
ANTIPSYCHOTICS - 2nd GENERATION - ATYPICALS	8
BETA BLOCKERS	8
HYPNOTICS	8
LAXATIVES	8
MISCELLANEOUS AGENTS	8
MOOD STABILIZERS	8
SUBSTANCE ABUSE AGENTS	9
THYROID AGENTS	9
VITAMINS	9

Generic Name	Reference Brand Name	Special Requirements
ADHD - NON-STIMULANTS		
atomoxetine hcl	STRATTERA	QL: 60 in 30 Days
ADHD - STIMULANTS		
methylphenidate hcl	Liquaad	QL: 600 in 30 Days
methylphenidate hcl	Ritalin	QL: 90 in 30 Days
methylphenidate hcl er	Ritalin SR	QL: 60 in 30 Days
ADHD-STIMULANTS		
amphet asp/amphet/d-amphet	Adderall	QL: 60 in 30 Days
amphet asp/amphet/d-amphet	Adderall XR	QL: 30 in 30 Days
dextroamphetamine sulfate	Dextrostat	QL: 60 in 30 Days
ANTI-ANXIETY - NON-BENZODIAZEPINE		
buspirone hcl	Buspar	QL: 120 in 30 Days
ANTI-ANXIETY-BENZODIAZEPINES		
alprazolam	Xanax	QL: 120 in 30 Days
chlordiazepoxide hcl	Librium	QL: 120 in 30 Days
clorazepate dipotassium	Tranxene	QL: 120 in 30 Days
diazepam	Valium	QL: 120 in 30 Days
lorazepam	Ativan	QL: 120 in 30 Days
oxazepam	Serax	QL: 120 in 30 Days
ANTICONVULSANTS		
carbamazepine	Epitol	
carbamazepine	TEGRETROL XR, EQUATRO	
clonazepam	Klonopin	QL: 120 in 30 Days
divalproex sodium	Depakote, Depakote ER, Depakote Sprinkles	
gabapentin	Neurontin	
lamotrigine	Lamictal	
oxcarbazepine	Trileptal	
valproic acid	Depakene	
ANTIDEPRESSANTS - MAO INHIBITORS		
phenelzine sulfate	Nardil	
tranylcypromine sulfate	Parnate	
ANTIDEPRESSANTS - MISCELLANEOUS		
mirtazapine	Remeron	QL: 30 in 30 Days
ANTIDEPRESSANTS - NDRIs		
bupropion hcl	Wellbutrin, Wellbutrin SR	QL: 60 in 30 Days
bupropion hcl	Wellbutrin XL	QL: 30 in 30 Days
ANTIDEPRESSANTS - SARIs		
trazodone	Desyrel	

Generic Name	Reference Brand Name	Special Requirements
ANTIDEPRESSANTS - SNRIs		
duloxetine	CYMBALTA	QL: 60 in 30 Days, PA Required
venlafaxine hcl	Effexor	QL: 120 in 30 Days
venlafaxine hcl	Effexor XR	QL: 60 in 30 Days
ANTIDEPRESSANTS - SSRIs		
citalopram	Celexa	QL: 60 in 30 Days
citalopram	Citalopram Solution	QL: 600 in 30 Days
escitalopram	Escitalopram Solution	QL: 300 in 30 Days
escitalopram	Lexapro	QL: 60 in 30 Days
fluoxetine hcl	Prozac	QL: 120 in 30 Days
fluvoxamine maleate	Luvox	QL: 120 in 30 Days
paroxetine hcl	Paxil	QL: 30 in 30 Days
sertraline hcl	Zoloft	QL: 60 in 30 Days
ANTIDEPRESSANTS - TRYCYCLICS		
amitriptyline hcl	Amitriptyline hcl	
amoxapine	Asendin	
clomipramine	Anafranil	
desipramine	Norpramin	
doxepin hcl	Sinequan	QL: 90 in 30 Days
imipramine hcl	Tofranil	
imipramine pamoate	Tofranil-PM	
nortriptyline hcl	Pamelor	
protriptyline hcl	Vivactil	
ANTI-HISTAMINES - 1ST GENERATION		
cyproheptadine hcl	Periactin	
diphenhydramine hcl	Benadryl	
hydroxyzine hcl	Atarax	
ANTIPARKINSON AGENTS		
amantadine hcl	Symmetrel	
benztropine mesylate	Cogentin	
trihexyphenidyl hcl	Artane	
ANTIPSYCHOTICS - 1st GENERATION - TYPICALS		
fluphenazine decanoate	Prolixin	
fluphenazine hcl	Prolixin	
haloperidol	Haldol	
haloperidol decanoate	Haldol	
haloperidol lactate	Haloperidol Lactate	

Generic Name	Reference Brand Name	Special Requirements
loxapine succinate	Loxitane	
perphenazine	Trilafon	
thioridazine hcl	Mellaril	
thiothixene	Navane	
trifluoperazine hcl	Stelazine	
ANTIPSYCHOTICS - 2nd GENERATION - ATYPICALS		
aripiprazole	ABILIFY, ABILIFY DISCMELT	QL: 30 in 30 Days, PA Required
clozapine	Clozaril	QL: 150 in 30 Days
clozapine	Fazaclo	QL: 150 in 30 Days, PA Required
olanzapine	Zyprexa, Zydis	QL: 30 in 30 Days
olanzapine pamoate	ZYPREXA RELPREVV	PA Required
quetiapine fumarate	Seroquel	QL: 60 in 30 Days
quetiapine fumarate	SEROQUEL XR	QL: 60 in 30 Days, PA Required
risperidone	Risperdal, Risperdal M-tabs	QL: 60 in 30 Days
risperidone microspheres	RISPERDAL CONSTA	PA Required
ziprasidone	Geodon	QL: 60 in 30 Days
BETA BLOCKERS		
nadolol	Corgard	
propranolol	Inderal	
propranolol er	Inderal LA	QL: 30 in 30 Days
HYPNOTICS		
chloral hydrate	Somnote	QL: 60 in 30 Days
temazepam	Restoril	QL: 30 in 30 Days
zolpidem tartrate	Ambien	QL: 5mg: 60 Tablets 10mg: 30 tablets
LAXATIVES		
docusate sodium	Colace	
psyllium husk/aspartame	Metamucil	
MISCELLANEOUS AGENTS		
artificial saliva	Salivart	
bethanechol chloride	Urecholine	
clonidine hcl	Catapres	
guanfacine hcl	Tenex	QL: 60 in 30 Days
prazosin hcl	Minipress	
MOOD STABILIZERS		
lithium carbonate	Lithium Carbonate	
lithium carbonate er	Lithobid	
lithium citrate	Lithium Citrate	

Generic Name	Reference Brand Name	Special Requirements
SUBSTANCE ABUSE AGENTS		
acamprosate calcium	CAMPRAL	QL: 180 in 30 Days, PA Required
buprenorphine hcl	BUPRENEX	PA Required
buprenorphine hcl/naloxone hcl	SUBOXONE	QL: 90 in 30 Days, PA Required
disulfiram	Antabuse	
naltrexone hcl	Revia	QL: 60 in 30 Days
THYROID AGENTS		
levothyroxine sodium	Levothroid	QL: 30 in 30 Days
liothyronine sodium	Cytomel	QL: 30 in 30 Days
VITAMINS		
folic acid	Folic Acid	
multivitamins	Multivitamin	QL: 30 in 30 Days
multivitamins	Multivitamin	QL: 30 in 30 Days
pyridoxine	Vitamin B6	
thiamine	Vitamin B1	
vitamin e	Vitamin E	